

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18704**
2685

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS City		c. LENGTH OF STAY (in this place) 15 HOURS		c. CITY OR TOWN KANSAS City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				STREET ADDRESS (If rural, give location) 10105 EAST 58th TERRACE 1			
3. NAME OF DECEASED (Type or Print) GLENN		a. (First) GLENN		b. (Middle) 7.		c. (Last) HECKMAN	
4. DATE OF DEATH JUNE 20, 1955		5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPT 6, 1894		9. AGE (In years last birthday) 60 yrs		10. IF UNDER 1 YEAR: Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YARD CLERK		10b. KIND OF BUSINESS OR INDUSTRY MO-PAC Rwy		11. BIRTHPLACE (City and State or Foreign Country) ROBINSON KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William S. HECKMAN		13b. MOTHER'S MAIDEN NAME ARMINTA McCAULEY		14. NAME OF HUSBAND OR WIFE HAZEL HECKMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 702-14-5697		17. INFORMANT'S SIGNATURE OR NAME MRS. HAZEL HECKMAN ADDRESS 10105 E. 58th TERR.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Generalized abdominal carcinomatosis				INTERVAL BETWEEN ONSET AND DEATH Seven weeks			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized abdominal carcinomatosis				ANTecedent CAUSES Carcinoma of transverse colon			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) Two years			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS 153X			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 5-5-55		19b. MAJOR FINDINGS OF OPERATION Neoplastic mass invading pedicle of liver and neck of gall bladder, Neoplastic lymph nodes in celiac area				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-1-54 , 19____, to 6-20-55 , 19____, that I last saw the deceased alive on 6-20-55 , 19____, and that death occurred at 10:05p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. E. Castles (Degree or title) M.D.				23b. ADDRESS 1002 Argyle Building, Kansas City, Mo.		23c. DATE SIGNED 6-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 23, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS City MISSOURI	
DATE REC'D BY LOCAL REG. 6-23-55		REGISTRAR'S SIGNATURE Neve Minshall		25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS ADDRESS BRUSH CREEK BLVD			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ellie Kessel.....

Licensed Embalmer No. 469.....

P. O. Address K.C.M.C......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.